| B. CITY (II socialistic corporates limits, write RURAL and give for the common of Town St. Louis | FILED DEC | 18 1950 | THE DIVISION OF HE STANDARD CERTIF | | ATL | 116 No. 42 | 314 |
|--|---|---------------------------|---|------------------------|-----------------------------------|----------------------------|-----------------------------|
| a. COUNTY D. CITY (If contable corporate limits, write BURAL and eiror township) D. CITY (If contable corporate limits, write BURAL and eiror township) St. Louis G. FULL NAME OF (If and a baspinal or institution, give creat address or focusion) MOSPITAL (If and a baspinal or institution, give creat address or focusion) 3. NAME OF (If and a baspinal or institution, give creat address or focusion) 3. NAME OF (If and a baspinal or institution, give creat address or focusion) 3. NAME OF (If and a baspinal or institution, give creat address or focusion) 3. NAME OF (If and a baspinal or institution) 3. NAME OF (If and a baspinal or institution) 3. NAME OF (If and a baspinal or institution) 3. NAME OF (If and a baspinal or institution) 3. NAME OF (If and a baspinal or institution) 5. SEX / (If and a baspinal or institution) 5. SEX / (If and a baspinal or institution) 5. SEX / (If and a baspinal or institution) 5. SEX / (If and a baspinal or institution) 5. SEX / (If and a baspinal or institution) 5. SEX / (If and a baspinal or institution) 6. MARRIED BURNERS OR IN. 1. BETTH ACC (Obsess or foreign sometry) Troy, Indiana 1. BIRTHPLACE (Obsess or foreign sometry) Troy, Indiana 1. BIRTHPLACE (Obsess or foreign sometry) Troy, Indiana 1. MARRIED BURNERS OR IN. 1. BIRTHPLACE (Obsess or foreign sometry) Troy, Indiana 1. MARRIED GROUPS OF INSTITUTION NON INTERVALENCE OF INSTITUTION 1. DISEASE OR CONDITION NON INTERVALENCE OF INTERVALENCE OR INTE | airth no | | REG. DIST. NO | | TT-31-1-27 | | 1.1.3 |
| D. CITY (II overlade corporate limits, write BURAL and sire Correlatory OR | | тн | | a STATE | h COU | | esidence befo administra |
| HOSPITAL OR INSTITUTION 3437 Caroline ADDRESS 3437 Caroline | OR | | RURAL and give C. LENGTH OF STAY (in this place) | c. CITY (If outside of | corporate limits, write RURAL an- | 2/8 | 9 |
| S. SEX 6. COLOR OR RACE 7. MARRIED, NEW MARRIED, White 10. DATE OF BRTH 5. ACE (ID years) 10 blook of the last blindays 10 blook of the last bli | d. FULL NAME OF (HOSPITAL OR INSTITUTION | | • | ADDRESS | | U | |
| 5. SEX | | | | | OF. | | (Year) |
| ATTOY, Indiana Troy, Indiana Troy, Indiana Troy, Indiana 13b. Mother's Maiden Name Levi S. Hurst Levi S. Hurst Seadron Asbury Hall 15s. WAS DECEASED EVER IN U.S. ARMED FORCES! (If. SOCIAL SECURITY) No. No. or wildless of Control (If yes, site was or dates of service) 16. SOCIAL SECURITY NO. No. Or Don't No | 5. SEX / 6. | COLOR OR RACE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In year | Months Days | 7 OMDER и Ил Hours I Min |
| 38. FATHER'S NAME Levi S. Hurst S. WAS DECASED EVER IN U.S. ARMED FORCES? (S. WAS DECASED EVER IN U.S. ARMED FORCES?) (10. S. WAS DECASED EVER IN U.S. ARMED FORCES?) (11. S. WAS DECASED EVER IN U.S. ARMED FORCES?) (12. S. WAS DECASED EVER IN U.S. ARMED FORCES?) (13. WAS DECASED EVER IN U.S. ARMED FORCES?) (14. WAS DECASED EVER IN U.S. ARMED FORCES?) (15. WAS DECASED EVER IN U.S. ARMED FORCES?) (16. SOCIAL SECURITY NO. NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRES MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Another mode of dring, such the | done during most of worki | ng life, even if retired) | 10b. KIND OF BUSINESS OR IN- DUSTRY | | | 12. CITII COUNT US A | ZEN OF WHA |
| IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IS. CAUSE OF DEATH Enter only one counts per line for (a), (b), and (c) "This dots not mean the distributions of the underlying cause last. ANTECEDENT CAUSES MOTHER CONJOINT ON THINK COUNTY (as. in exclosed SUIT) 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Moonib) (Moonib) | 3a. FATHER'S NAME | | 136. MOTHER'S MAIDEN | | 14. NAME OF HUSBAND | | |
| (Yes. no. or unknown) NO NO NO NO NO NO NO NO NO N | | | | | | | |
| IDISEASE OF CONDITION DIRECTLY LEADING TO DEATH*(a) **This does not mean the distance only one causes per line for (a), (b), and (c) **This does not mean the distance of dring, such as heart failure, as then the distance of dring, such as heart failure, as then the distance of the above cause (c) stating the underlying cause tast. **In means the distance or complication which caused death. **In order of OPERATION IS. OTHER SIGNIFICANT CONDITIONS ONABITY OF OPERATION IS. MAJOR FINDINGS OF OPERATION IN. MAJOR FINDINGS OF OPERATION IS. MAJOR FINDINGS OF OPERATION IN. MAJOR FINDINGS OF OPERATION IN. MAJOR FINDINGS OF OPERATION IS. MAJOR FINDINGS OF OPERATION IN. MAJOR FINDING | (Yee, no. or unknown) (II | | s of service) NO. | | | line, St. L | |
| 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20a. AUTOPSY1 YES NO 21c. (CITY, TOWN, OR TOWNSHIP) 21d. TIME (Moeth) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCURRED OF INJURY OCCURRED AT WORK 22d. Thereby certify that I attended the deceased from UM4/3 1950, that I last saw the deceased alive on 12/5 1950, and that death occurred at 11:34Pm., from the causes and on the date stated above. 22da. SIGNATURE 22da. BURIAU, CREMAT 10b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State TION, REMOVAL (Boendly) 12/8/50 Oak Grove Cemetery St. Louis County, Missou: DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25c. FUNERAL DIRECTOR'S SIGNATURE Address Ambruster Mortuary, 6633 Clayton Rose | Iline for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- | ANTECEDENT C | CAUSES as, if any, giving DUE TO (b) cause (a) stating ruse last. | Hypur eterio | La Genal | The same | 3 yn 5 yn 7 yn |
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| SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. How did injury occurs 21f. How did injury oc | 19a. DATE OF OPERA- TION | 19b. MAJOR FIN | IDINGS OF OPERATION | . , | . · | | |
| OF INJURY WHILE AT NOT WHILE NOT WHILE | 21a. ACCIDENT SUICIDE HOMICIDE | (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, C | OR TOWNSHIP) (CO | UNTY) (| STATE) |
| alive on 12/5, 1950, and that death occurred at 11:34Pm., from the causes and on the date stated above. 23a. SIGNATURE () (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (State Tion, REMOVAL (Specify) 12/8/50 Oak Grove Cemetery St. Louis County, Missour DATE RECORD BY LOCAL REGISTRAR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rock Ambruster Mortuary, 6633 Clayton Rock Ambruster Mortuary, 6633 Clayton Rock 25c. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rock Ambruster Mortuary Ambrus | 21d. TIME (Month) OF INJURY | (Day) (Year) | WHILE AT COMMOT WHILE CO | | RY OCCUR? | 440 | ZX. |
| 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNATURE (MD) 1452 S. Compton, St. Louis, Mo No. 7/ 24a. BURIAV. CREMA- TION, REMOVAL (Specify) Burial DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE (Degree or title) 23b. ADDRESS 22c. DATE SIGNA (State TON, REMOVAL (Specify) 12/8/50 Oak Grove Cemetery ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rock 25. DATE SIGNA 26. DATE SIGNA 27. DATE SIGNA 27. DATE SIGNA 28. DATE SIGNA 29. DATE | | that I attended | the deceased from My/3 | | , | * | |
| 24s. BURIAL CREMATION, REMOVAL (Bootty) BURIAL (Bootty) 12/8/50 Oak Grove Cemetery St. Louis County, Missour DATE REC'D BY LOCAL REG. REG. REG. REG. SEFT. Ambruster Mortuary, 6633 Clayton Rock | | | | | | | |
| Burial () 12/8/50 Oak Grove Cemetery St. Louis County, Missou: DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS AEC. 8 (FIFT) AMBRUSTER MORTULARY, 6633 Clayton Rose | .67// | Mou | | | | | -7191 |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Roc | 24a. BURIAN, CREMA TION, REMOVAL (Specific | | 1 | | | | (State) |
| Ambruster Mortuary, 6633 Clayton Ros | | | | 25 FUNERAL DIR | ECTOR'S SIGNATURE | ADDRESS | . 1 |
| | REG | · () - / | fasater | Ambruster | r Mortuary, 66 | | n Road |

CTATEMENT DV LICENCED EMBALMEN

| , STATEN | HENT BY LICENSED EMBALMER | |
|---|---|------------------|
| I hereby certify that the body whose name is recorded | ed on the reverse side of this certificate was embala | ned by me, or by |
| | | No |
| orking under my personal supervision. | Signat Fuland O | Yohnke. |
| Student Embalmer | Licensed Embalmer N | 10 39/7 |
| | : P. O. Address | / './ : |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.